



## ***DoD HIV/AIDS Prevention Program Status Report:***

### **Malawi**



## **BACKGROUND**

### **Introduction/General Information**

The Malawian population is estimated to range between 10.7 and 11.5 million; life expectancy has recently dropped to an estimated 37 years due to the HIV/AIDS epidemic. English and Chichewa are the official languages in Malawi, with an estimated literacy rate of 58%, disproportionately distributed between males and females. Malawi is described as one of the poorest countries in the world, relying predominantly on agriculture, and generating a per capita income less than half the sub-Saharan average. Annual per capita income estimates range from less than \$180 to \$660.

### **Country HIV/AIDS Statistics and Risk Factors**

It is estimated that nearly 16% of the adult population in Malawi is either HIV infected or has AIDS. The number of people estimated to be living with HIV ranges from 800,000 to 850,000. Identified significant risk factors include high-risk heterosexual contact with multiple partners, a high incidence of sexually transmitted infections (STIs), and perinatal transmission.

### **Military HIV/AIDS Information**

Malawian military size is estimated at 50,000. For the past 2-3 years potential

recruits have been tested for HIV. If recruits are found to be HIV positive, they are not admitted for service. The Malawian military has not performed systematic screening of its active-duty personnel; therefore, HIV prevalence statistics are unavailable. Current force-wide HIV rates are believed to be similar to those found in the civilian population. The average lifespan for enlisted members and officers is 33 years, reflecting the impact of the HIV/AIDS pandemic in sub-Saharan Africa.

## **PROPOSED PROGRAM**

The Malawi Defense Forces (MDF) submitted an HIV/AIDS prevention program plan to DHAPP staff in August 2002, which was updated in March 2003. Key components of that plan included:

- Establishing voluntary counseling and testing (VCT) centers for HIV/AIDS testing, counseling, and treatment,
- Developing HIV/AIDS prevention material,
- Improving home-based care for people living with AIDS,
- Establishing a program for prevention of mother to child transmission, and
- Conducting mass awareness campaigns through radio, newspapers, and television.

## PROGRAM RESPONSE

### Military-to-Military

DHAPP staff met with MDF representatives in December 2001 to conduct a preliminary assessment of the HIV/AIDS situation in country. This was followed by needs assessment in March 2003 conducted by a Navy physician specializing in infectious disease and a DHAPP logistician. The visit revealed that the MDF has an inadequate medical contingent with few skilled laboratory workers. For example, the 70-bed hospital in Kamuzu Barracks is equipped with only a small laboratory; there is 1 laboratory technician, a single microscope, 2 autoclaves that are in need of replacement parts, a blood product refrigerator, and a centrifuge.



DHAPP provided equipment that improved laboratory infrastructure for the Malawi Defense Force.

Action items listed below were identified through the needs assessment, in conjunction with discussions with the MDF and DHAPP staff:

- Acquiring a VCT/lab structure and generator for Kamuzu Barracks,
- Conducting HIV testing of active-duty members to obtain the first accurate HIV prevalence data in Malawi,
- Developing an HIV education movie,

- Supplying 10,000 condom pouches that will become part of the MDF military uniform,
- Printing HIV prevention posters and materials, and
- Obtaining office equipment and supplies.

### Contractor-Based Assistance

Malawi is the recipient of aid from an external contractor funded by DHAPP. In 2002, ResourceLinC was awarded a contract to develop and implement an HIV/AIDS prevention program in the MDF. The program includes an emphasis on primary prevention (behavior modification, increased VCT and improved STI care), capacity and infrastructure development (training of personnel and increased use of technology), and adaptation of off-the-shelf HIV intervention tools.

To design its prevention program, ResourceLinC will conduct a needs assessment of the existing Malawian HIV/AIDS program both by attending and assessing education seminars and simultaneously reviewing the materials and tools used. In addition, ResourceLinC will administer to trainers and soldiers a questionnaire designed to reveal HIV prevention knowledge.

Using information gained during its assessment, ResourceLinC will develop and administer a train-the-trainer curriculum to 20 military personnel selected from throughout the country. Instruction for the group will include training on situationally specific and culturally appropriate HIV/AIDS/STI prevention and counseling methods, support for those already HIV infected, and training on the use of computers and the Internet. Each of the trainers will then provide the same information to other military personnel; gradually creating a cadre of prevention specialists empowered to provide prevention education throughout the MDF.

ResourceLinC will provide the training cadre with tools designed to enhance their efforts, including culturally relevant videotapes and slides and accompanying equipment, and audiocassettes, posters, pamphlets, and stickers with appropriate prevention information.

### **Clinical Provider Training**

One physician from Malawi was selected to attend the 4-week *Military International HIV Training Program* in San Diego, California, during the summer of 2003. Focused areas of study will include HIV clinical treatment and management, post-HIV exposure prophylaxis, epidemiological database set-up and research methodology, prevention of mother to child HIV transmission, and HIV laboratory diagnostic requirements and protocols.

### **Interoperability**

The National AIDS Commission and Family Health International conducted interviews, courtesy calls, and briefings for US representatives. Working meetings were conducted with the MDF together with site visits to non-government organizations and academic institution centers to establish liaison and cooperative measures, and to facilitate the inclusion of military members in community-based HIV/AIDS prevention efforts. These meetings included Centers for Disease Control and Prevention staff as well.

## **PROGRAM IMPACT**

### **Master Trainers and Peer Educators**

None at this time.

### **Number of Troops Trained**

None at this time.

### **Potential Number of Troops Affected**

DHAPP sponsored HIV/AIDS efforts can affect 50,000 troops.

### **Voluntary Counseling and Testing (VCT)**

Specifications were obtained and a vendor was selected to construct a prefabricated structure to provide a VCT facility at the MDF headquarters in Lilongwe. This facility will open in the late fall of 2003.

### **Laboratory Capability/Infrastructure**

A senior physician from the MDF was approved to attend the 4-week *Military International HIV Training Program* at the University of California San Diego Medical Center in the summer of 2003.

### **Mass Awareness**

The MDF has had many channels for HIV awareness, including peer-based drama troops and counseling, MDF-specific HIV posters, and a counseling handbook. HIV awareness is high, with 90% of the troops correctly recognizing HIV routes of transmission. However, a great need is perceived in Malawi for additional programs to address the HIV epidemic.



Billboards were used as behavioral change communication methods to convey the HIV/AIDS prevention message in Malawi.